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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU030205
First Named Inventor	Charles William Worrell, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRICK MODE OPERATION FOR SUBCHANNELS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/488,897	7/21/2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

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Name		JOSEPH S. TRIPOLI			
Address		THOMSON LICENSING INC.			
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PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609-734-6823)		(609) 734 -6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name		or Surname	
Charles William		WORRELL			
Inventor's Signature		Date			
<i>Charles William Worrell</i>		7/21/2004			
Residence: City		State		Country	
Carmel		Indiana		US	
Mailing Address					
Mailing Address		12926 Wembly Court			
City		State		ZIP	
Carmel		Indiana		46033	
Country		US			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name		or Surname	
Mark Alan		LOGAN			
Inventor's Signature		Date			
<i>Mark Alan Logan</i>		July 21, 2004			
Residence: City		State		Country	
Beech Grove		Indiana		US	
Mailing Address					
Mailing Address		739 Charnwood Parkway			
City		State		ZIP	
Beech Grove		Indiana		46107	
Country		US			
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
**Page 3 of 3**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Chad Andrew		LEFEVRE	
Inventor's Signature <i>x Chad Andrew</i>		Date <i>x 7/21/2014</i>	
Residence: City Indianapolis	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 8707 Arbor Lake Drive			
City Indianapolis	State Indiana	ZIP 46268	Country US

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Charles William Worrell, et al.
Title	Trick Mode Operations for Subchannels
Art Unit	
Examiner Name	
Attorney Docket Number	EV 386481203 US

I hereby appoint:

☒ Practitioners at Customer Number

Customer Number 24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations				
Address	THOMSON LICENSING INC.				
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Country	USA				
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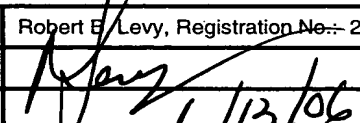
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Robert E. Levy, Registration No. 28,234		
Signature			
Date	1/13/06	Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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THOMSON LICENSING**

We,

**THOMSON LICENSING  
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F-92100 Boulogne-Billancourt  
France**

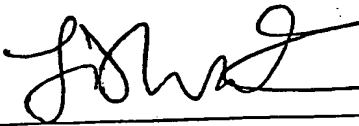
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**Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540**

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DATED this 7 day of July, in the year 2005.

Signature:  
Typed Name As Signed:  
Title:

  
\_\_\_\_\_  
**Julian Waldron  
President**

**POWER OF ATTORNEY  
THOMSON LICENSING**

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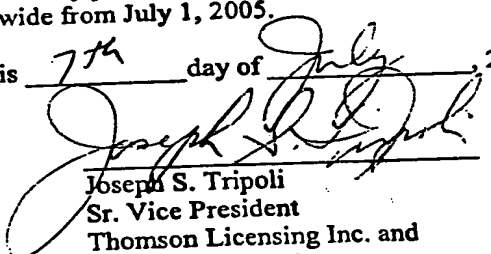
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DATED this 7<sup>th</sup> day of July, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

David Fourniot